



Read this information first

Do **not** send any payment with Form RC-6-A-X. Keep a copy of your completed Form RC-6-A-X for your records.

Step 1: Identify your business

Station no. 067

1 Illinois Business Tax number (IBT no.): _____

5 For what tax period are you filing this return?

2 License no.: **U** - _________/____/____
Month Year

3 Business name: _____

6 ☐ Check here if your address has changed.4 Business address: _____
Number and street7 Is this a final return? ☐ yes ☐ no
"Final" indicates you will no longer conduct
business._____
City State ZIPStep 2: Report your cigarette stock - *Figures as they should have been reported*

Number of cigarettes

8 Total purchase of Illinois stamped cigarettes from another licensed distributor (Sch. CC) 8 _____, _____, _____, _____

9 Total of Illinois stamped cigarettes returned to manufacturers 9 _____, _____, _____, _____

10 Total of other deductions (Sch. CH) 10 _____, _____, _____, _____

11 Total of unstamped/non-Illinois stamped cigarettes shipped into Illinois (Sch. CK) 11 _____, _____, _____, _____

12 Net total of Illinois stamped cigarettes shipped into Illinois (Sch. CL) 12 _____, _____, _____, _____

13 Value of Illinois stamps affixed to cigarettes you sold - **Multiply Line 12 by appropriate mill rate.** 13 \$ _____Step 3: Report your Illinois cigarette revenue stamp usage - *Figures as they should have been reported*

Dollar value

14 Value of all stamps on hand at the beginning of the month 14 \$ _____

15 Value of unaffixed stamps transferred from another licensed distributor 15 \$ _____

16 Value of stamps purchased during the month (Sch. CF-1, Step 2) 16 \$ _____

17 Value of stamps affixed when purchased - **Multiply Step 2, Line 8, by appropriate mill rate.** 17 \$ _____18 **Add Lines 14 thru 17.** This is the value of stamps on hand at the beginning
of the month **plus** purchases made during the month. 18 \$ _____

19 Value of unaffixed stamps transferred to another licensed distributor 19 \$ _____

20 Value of stamps returned for credit 20 \$ _____

21 **Add Lines 19 & 20.** This is your total deductions. 21 \$ _____22 **Subtract Line 21 from Line 18.** This is the total value of stamps to be accounted for. 22 \$ _____

23 Value of affixed stamps on hand at the end of the month (Sch. CF, Part 3a) 23 \$ _____

24 Value of unaffixed stamps on hand at the end of the month (Sch. CF, Part 3b) 24 \$ _____

25 **Add Lines 23 and 24.** This is the value of all stamps on hand at the end of the month. 25 \$ _____26 **Subtract Line 25 from Line 22.** This is the value of affixed stamps sold during the month. 26 \$ _____

Step 4: Check the reason you are filing this amended return

- ☐ I made an error on a schedule or attachment.
- ☐ I should have taken a deduction for _____
- ☐ The original IBT no. was incorrect. The incorrect IBT no. is _____.
- ☐ The original reporting period was incorrect. The incorrect reporting period is _____.
- ☐ Other. Please explain. _____

Step 5: Sign below

Under penalties of perjury, I state that I have examined this return and all accompanying schedules and, to the best of my knowledge, it is true, correct, and complete. I also state that such information is taken from the books and records of the business for which this return is filed.

Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: _____ Telephone number (include area code) _____/_____/_____
Date __________
Preparer's signature and title (state if individual owner, member of firm, or corporate officer title) Title: _____ Telephone number (include area code) _____/_____/_____
Date _____